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Are Australian general practice nurses underutilised?: An examination of current roles and task satisfaction

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Are Australian general practice nurses underutilised?: An examination of current roles and task satisfaction

Abstract

Background: The general practice nursing workforce in Australia has grown exponentially in the last fifteen years. To understand the contribution and issues relating to this workforce we need to explore the evolution of the nurses' role and the nurses' perceptions of the work that they undertake. **Aim:** To describe trends in general practice nurse clinical activities, the extent to which GPNs use their knowledge and skills and their satisfaction with the general practice nurse role. **Methods:** Within a larger mixed methods project, a national cross-sectional survey of Australian primary health care nurses was undertaken. This paper details the survey findings related to the role of nurses working in general practice, the extent to which they use their knowledge and skills and their satisfaction with their role. Data about nurse roles was compared with previous workforce data to elucidate changes over time. **Findings:** Of the 1166 primary health care nurses who responded to the survey, 950 reported being employed in general practice. Participants reported undertaking activities related to health promotion and chronic disease management more frequently now than previously. They identified a desire to spend the same or less time on administrative activities and more time on health promotion, patient education and patient assessment. Nearly half of participants reported that often they feel that they could do more, or most of the time they don't use their skills to the full extent. **Conclusion:** Nurses working in general practice are increasingly undertaking activities related to health promotion and chronic disease management. However, these nurses remain underutilised. Having nurses working to their full scope of practice has the potential to increase job satisfaction and nurse retention, as well as improve patient health outcomes.

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Are Australian general practice nurses underutilised?: an examination of current roles and task satisfaction

Running Head:

Role of Australian general practice nurses

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Issue

While government policy has driven an increase in the size of the general practice nurse workforce, strategic role development in primary care has received little attention.

What is already known

The nursing role in Australian general practice is impacted by a range of system, environmental and interprofessional factors.

What this paper adds

This paper identifies the clinical activities undertaken by nurses practicing in Australian general practice, highlighting how this has evolved over time and the extent to which nurse's feel they are working to their scope of practice.

Keywords: nurse role, nursing workforce, satisfaction, general practice

Abstract

Background: The general practice nursing workforce in Australia has grown exponentially in the last fifteen years. To understand the contribution and issues relating to this workforce we need to explore the evolution of the nurses' role and the nurses' perceptions of the work that they undertake.

Aim: To describe trends in general practice nurse clinical activities, the extent to which GPNs use their knowledge and skills and their satisfaction with the general practice nurse role.

Methods: Within a larger mixed methods project, a national cross-sectional survey of Australian primary healthcare nurses was undertaken. This paper details the survey findings related to the role of nurses working in general practice, the extent to which they use their knowledge and skills and their satisfaction with their role. Data about nurse roles was compared with previous workforce data to elucidate changes over time.

Findings: Of the 1166 primary healthcare nurses who responded to the survey, 950 reported being employed in general practice. Participants reported undertaking activities related to health promotion and chronic disease management more frequently now than previously. They identified a desire to spend the same or less time on administrative activities and more time on health promotion, patient education and patient assessment. Nearly half of participants reported that often they feel that they could do more, or most of the time they don't use their skills to the full extent.

Conclusion: Nurses working in general practice are increasingly undertaking activities related to health promotion and chronic disease management. However, these nurses remain underutilised. Having nurses working to their full scope of practice has the potential to increase job satisfaction and nurse retention, as well as improve patient health outcomes.

1. Introduction

Internationally the shift of healthcare from an acute to a primary health care focus to better meet community needs, has been widely reported (Betony, 2012; Crossman et al., 2016; Halcomb et al., 2014b). These changes have occurred in response to factors such as the ageing population and the need to better manage chronic conditions within the community. An outcome of this shift has been exponential growth in the nursing workforce in primary health care, particularly general practice over the last 15 years. The number of nurses employed in this setting has risen from some 2,300 nurses in 2003 (Australian Divisions of General Practice Ltd, 2003), to over 12,000 in 2015 (Heywood et al., 2018). General practice nursing over the last two decades has undergone transformation from a largely administrative support role to clinical responsibilities which are viewed as an integral part of the work of general practice (Ball et al., 2015; Halcomb et al., 2017).

Unlike their acute care colleagues who work for large organisations, nurses employed in general practice work for either small businesses or corporate practice chains. The nature of this employment likely impacts on the role of GPNs, as they navigate the preferences of individual employers, restrictions placed by funding models and the limitations of their education to work in this kind of environment (Afzali et al., 2014; Crossman et al., 2016; Joyce et al., 2011; McInnes et al., 2017; Pascoe et al., 2005; Patterson, 2000).

Understanding the role of general practice nurses, as well as their perceptions of their use of knowledge and skills and preferences for clinical activities, is important given the links between work role and job satisfaction (Halcomb, Smyth, et al., 2018).

2. Aim

This paper seeks to describe trends in GPN clinical activities, the extent to which GPNs use their knowledge and skills, and their satisfaction with the GPN role.

3. Methods

3.1 Study Design

The findings described in the paper drawn from a mixed methods study of nurses employed in Australian primary health care. This paper reports findings specifically about GPNs in relation to their clinical activities, the extent to which they use their knowledge and skills, and their satisfaction with the GPN role. Other survey data are reported separately elsewhere (Authors own).

3.2 Participants

Participants were registered and enrolled nurses, nurse practitioners and midwives currently employed within primary health care settings throughout Australia. The difficulties in recruiting these nurses has been previously documented (Halcomb et al., 2014a), as there is no national register of primary health care nurses in Australia. Although convenience sampling has key limitations, the difficulties in accessing primary care nurses prevented the use of other more sophisticated sampling strategies. Consequently, survey information and an online survey link, was disseminated using a multi-faceted approach. Information was distributed via relevant professional organisations (e.g. Australian Primary Health Care Nurses Association), primary care organisations (e.g. Primary Health Networks) and through key stakeholder networks either by direct emails to members or inclusion in regular newsletters and e-bulletins. Information about the study was also disseminated via social media channels including Facebook, Twitter and LinkedIn.

3.3 Survey tool

Relevant published literature was explored and existing survey instruments identified in order to develop the survey tool (Australian Divisions of General Practice Ltd, 2003; Australian Medicare Local Alliance, 2012; Australian Primary Health Care Nurses Association, 2014). Key stakeholders, including the Australian Primary Health Care Nurses' Association, Australian Department of Health and the Australian College of Nursing, were consulted for input into the tool design and content.

The final survey tool collected data about the participant, their current employment, clinical tasks undertaken, ongoing education and performance evaluation, the work environment and employment conditions, and satisfaction with tasks and the job. The tool used multiple choice and Likert scale items as well as short response items. Additionally, the tool incorporated items from a similar but smaller study undertaken in 2012 (Australian Medicare Local Alliance, 2012). In order to highlight changes in the role of GPNs, comparison was made between the new data and data from the Australian Medicare Local Alliance (2012) survey.

Prior to dissemination of the survey, 11 nurses comprising academics, policy experts and nursing workforce specialists assessed the tool for face validity.

3.4 Data collection

Emails containing study information and the electronic survey link were circulated using a convenience and snowballing approach. The survey, hosted by Survey Monkey (2012), was commenced in March 2015 and remained open for four weeks due to restrictions set by the funding body. Several reminders were posted on social media and via professional organisations during the survey period to prompt potential participants to complete the survey.

3.5 Ethical considerations

Approval to conduct the study was gained from the Australian Government Statistical Clearing House (01725-05) and the ##### Research Ethics Committee (HE15/074).

3.6 Data analysis

From Survey Monkey (2012) the data were directly imported into SPSS Version 21 (IBM Corp., 2013). Descriptive statistics were used to analyse demographic and professional data. Task data were then compared to the Australian Medicare Local Alliance (2012) data using Pearson's chi-square test of contingencies.

4. RESULTS

4.1 Participants

1413 responses were received during the study period, of which 1166 responses (82.5%) provided complete data. 950 participants (81.7%) worked in general practice, whilst the other 216 (18.5%) were employed in other primary health care settings. The demographics of the entire survey cohort have been described elsewhere (Authors own). The following results provide data only related to those 950 participants who reported working in general practice.

Over half of the participants were aged over 50 years (n=509; 53.6%)(Table 1).

Participants were predominately experienced registered nurses, with 80.2% (n=753) having practiced nursing for more than 11 years. However, 41.3% participants (n=389) less than 5 years work experience in general practice. Slightly more than half (n=536; 56.4%) reported working in a major / capital city, with 5.6% (n=53) identifying as working in a remote area.

Table 1. Demographics

	n	%
Age		
20-30 years	68	7.2
31-40 years	101	10.6
41-50 years	272	28.6
51-60 years	398	41.9
61+ years	111	11.7
Gender		
Female	930	97.9
Registration Type		
Registered Nurse	733	81.4
Enrolled Nurse	89	9.4
Midwife	71	7.5
Nurse Practitioner	17	1.8
Country of Nursing/Midwife Qualification		
Australia	831	88.0
UK	64	6.8
New Zealand	23	2.4
Africa	8	0.8
Asia	5	0.5
USA	4	0.4
Other	9	1.0
Years since completed Nurse/Midwife Qualification		
<5 years	85	8.9
6 to 10 years	76	8.0
11 to 20 years	132	13.9
>20 years	657	69.2
Years Worked as Qualified Nurse/Midwife		
<5 years	85	9.1
6 to 10 years	101	10.8
>11 years	753	80.2
Years Worked as Nurse in General Practice/Primary Health Care		
<5 years	389	41.3
6 to 10 years	261	27.7
>11 years	292	31.0
Practice Location by Rurality		
Major City/ Capital City	536	56.4
Regional / Rural	360	37.9
Remote	53	5.6

Practice Location by State		
Victoria	322	34.0
New South Wales	289	30.5
Queensland	151	15.9
South Australia	85	9.0
Western Australia	57	6.0
Australian Capital Territory	20	2.1
Tasmania	19	2.0
Northern Territory	5	0.5

4.2 Job Focus

Most participants (n=684; 73.7%) reported that the main focus of their primary job was direct patient care, with a further 12.6% (n=117) identifying that they focussed on direct patient care within a specialised area of practice. Fewer participants worked in roles with a main focus on clinical education (n=14; 1.5%), human resources (n=26; 2.8%), or project management (n=10; 1.1%).

4.3 Using skills and knowledge

Just over a quarter of all participants (n=274; 28.8%) described regularly practising to the full extent of their knowledge and skill (Figure 1). Participants who had no postgraduate qualification were significantly more likely to report regularly or often practising to the full extent of their skills (n=334; 67.2%) compared to only 32.8% (n=163) of those with a postgraduate qualification or undertaking postgraduate study ($p<0.00$).

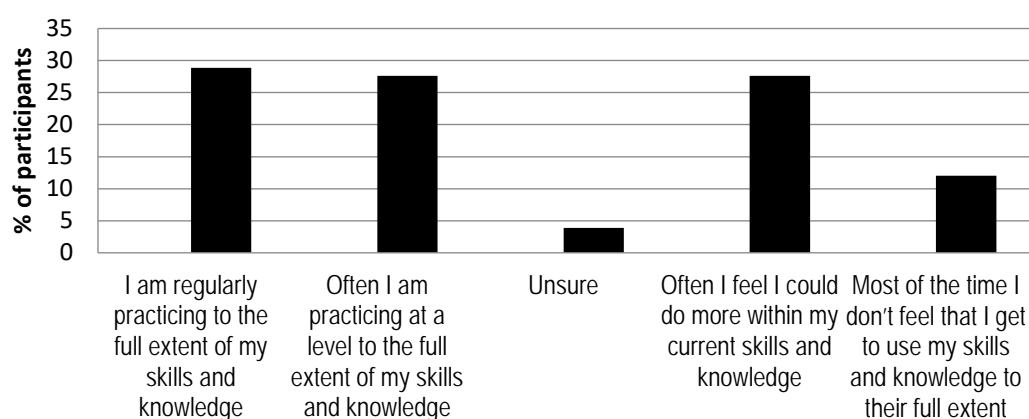


Figure 1. Use of skills and knowledge in current job

4.4 Clinical Activities

Pearson's chi-square test of contingencies ($\alpha < 0.05$) was used to compare our data with data from the Australian Medicare Local Alliance (2012) report of the frequency of undertaking a variety of clinical activities. The Australian Medicare Local Alliance (2012) survey comprised responses from 701 nurses working in general practices across Australia (85.0% Registered nurses; 97.4% female; 81.3% aged over 40 years). Additional sample demographics are provided in the report of their survey.

Table 2 illustrates the significant proportional differences in the frequency of GPNs undertaking tasks over time. Between the two surveys there were significant increases in the frequency of GPNs undertaking four specific tasks *weekly or daily*. These activities were: utilising the recall and reminder system (43.6% to 89.0%); liaising with local health services (43.6% to 66.9%); assessing smoking, nutrition, alcohol and physical activity (SNAP) risk factors (40.9% to 54.7%); and assisting with minor surgical procedures (48.1% to 78.6%). Conversely, between the two surveys there were significant decreases in the frequency of GPNs undertaking five specific tasks *weekly or daily*, namely: assessing women's health (40.5% to 25.4%); antenatal checks (53.5% to 10.5%); applying and/or removing plaster (37.7% to 19.7%); case management, including case conferencing (33.3% to 16.5%); and suturing (60.9% to 10.7%).

Our data revealed that the majority of GPNs reported undertaking wound management (n=753; 91.3%), adult immunisation (n=754; 91.2%) and administration of medications/injections (n=747; 90.3%) either weekly or daily. However, only a small proportion of nurses reported delivering health education to groups of consumers (n=57; 7.1%), undertaking antenatal checks (n=87; 10.5%) or suturing (n=88; 10.7%) weekly or daily, with most reporting never or infrequently undertaking these tasks.

Table 2. Comparison of the frequency of clinical activities

Clinical Activity	Frequency	Australian Medicare Local Alliance (2012)		Our Survey		P value
		<i>n</i>	%	<i>n</i>	%	
Utilise recall and reminder system	Weekly or Daily	565	43.6	733	89.0	0.000*
	Never or Infrequently	136	59.6	91	11.0	
Liaising with local health services	Weekly or Daily	425	43.6	549	66.9	0.010*
	Never or Infrequently	277	50.5	272	33.1	
Assessment of SNAP risk factors	Weekly or Daily	316	40.9	457	54.7	0.000*
	Never or Infrequently	385	50.4	378	45.3	
Assisting with minor surgical procedures	Weekly or Daily	603	48.1	650	78.6	0.000*
	Never or Infrequently	98	35.6	177	21.4	
Women's health	Weekly or Daily	145	40.5	213	25.4	0.028*
	Never or Infrequently	556	47.1	624	74.6	
Application and/or removal of plaster	Weekly or Daily	95	37.7	157	19.7	0.004*
	Never or Infrequently	606	47.6	667	80.9	
Case management, including case conferencing	Weekly or Daily	67	33.3	135	16.5	0.000*
	Never or Infrequently	634	48.0	685	83.5	
Suturing	Weekly or Daily	137	60.9	88	10.7	0.000*
	Never or Infrequently	564	43.6	731	89.3	
Antenatal checks	Weekly or Daily	100	53.5	87	10.5	0.024*
	Never or Infrequently	601	44.7	743	89.5	

*significant value

4.5 Task Satisfaction

Participants were asked to rate which tasks they would like to do more often, the same or less often. A mean score was then calculated to provide an overall picture of the responses. Items with a higher mean score were those which greater numbers of participants wanted to undertake less frequently. As can be seen from Table 3, participants would prefer to spend the same or less time on administrative activities (e.g. reception work, management, ordering stock) and more time on health promotion, patient education and patient assessment activities.

Just over half of the participants (n=469; 53.8%) had suggested to employing GPs that they would like to extend their clinical practice. Of these requests, 293 (55.5%) of participants were able to negotiate an extended role or more complex tasks within their workload.

Table 3. Preferences regarding frequency of tasks

Clinical Activities	Would like to do MORE often		Would like to do the SAME		Would like to do LESS often		Mean Score
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Working on front desk / reception	34	4.3	591	74.4	169	21.3	2.17
Management tasks (e.g. human resources, finances)	75	9.6	571	73.0	136	17.4	2.08
Order stock / supplies	41	5.1	685	85.1	79	9.8	2.05
Infection control and sterilising	48	5.9	706	87.4	54	6.7	2.00
Policy writing / reviewing	116	14.7	569	72.0	105	13.3	1.99
Cold chain management	43	5.3	743	91.6	25	3.1	1.98
Utilise recall and reminder system	93	11.5	654	80.9	61	7.5	1.96
Quality assurance / General Practice accreditation	87	10.9	666	83.1	48	6.0	1.95
Telehealth consultation	123	15.5	586	73.8	85	10.7	1.95
Preparing Care plans	158	19.7	536	66.8	108	13.5	1.94
Mental health assessments	156	19.6	555	69.9	83	10.5	1.91
Mental health education and management	171	21.6	549	69.3	72	9.1	1.88
Triage	127	15.8	647	80.6	29	3.6	1.88
Childhood Immunisation	146	18.1	623	77.2	38	4.7	1.87
Collecting blood specimens	181	22.6	552	68.9	68	8.5	1.86
Administer medication / injections	126	15.5	679	83.7	6	0.7	1.85
Wound management	152	18.7	632	77.7	29	3.6	1.85
Case management, including case conferencing	175	22.1	560	70.6	58	7.3	1.85
Application and/or removal of plaster	198	24.6	537	66.8	69	8.6	1.84
Home visiting	205	25.6	518	64.7	78	9.7	1.84
Cognitive assessments	183	22.6	581	71.9	44	5.4	1.83
Adult Immunisation (e.g. influenza, travel)	157	19.3	642	78.9	15	1.8	1.83
Liaising with local health services	168	21.0	610	76.3	21	2.6	1.82
Antenatal checks	212	27.0	511	65.1	62	7.9	1.81
Postnatal and infant checks	206	25.9	534	67.3	54	6.8	1.81
Child health assessment	214	26.5	540	66.9	53	6.6	1.80
Cardiac assessment	189	23.2	596	73.3	28	3.4	1.80
Delivering health education to groups of consumers	253	32.3	449	57.3	81	10.3	1.78
Assisting with minor surgical procedures	200	24.7	585	72.2	25	3.1	1.78
Respiratory assessments including peak flows and spirometry	226	27.7	551	67.4	40	4.9	1.77
Arthritis education and management	242	30.0	527	65.4	37	4.6	1.75
Men's health checks	246	31.3	507	64.4	34	4.3	1.73
Diabetic assessment	258	31.7	521	64.1	34	4.2	1.72
Diabetes education and management	271	33.3	510	62.7	32	3.9	1.71
Adult physical assessments	264	32.5	524	64.5	24	3.0	1.70
Other chronic disease education and management	268	33.0	517	63.7	26	3.2	1.70
Women's health	296	36.9	460	57.3	47	5.9	1.69

Patient education on drug, alcohol or smoking cessation	280	35.1	484	60.7	33	4.1	1.69
Asthma education and management	291	35.7	492	60.4	32	3.9	1.68
Cardiovascular disease education and management	287	35.4	495	61.0	29	3.6	1.68
Organised health promotion activities	286	35.9	476	59.8	34	4.3	1.68
Assessment of SNAP risk factors	300	37.0	480	59.2	31	3.8	1.67
Delivery of health promotion advice	279	34.5	516	63.9	13	1.6	1.67
Suturing	341	42.9	407	51.3	46	5.8	1.63

5. DISCUSSION

This study has provided a snapshot of the contemporary GPN workforce, as well as revealing trends in the GPNs role over time. However, there are some limitations to the survey. Firstly, although the sampling method represented the best attempt to capture participants it was not possible to directly contact individual GPNs. Therefore, there may be some bias in terms of who responded. This was mitigated by the use of various recruitment strategies to broadly target the population of interest. Additionally, collecting data via a self-report survey and subsequent lack of contact between the participant and creates the potential for bias as the participant may not be truthful in their responses (Nardi, 2018). Finally, whilst frequency of specific clinical tasks has been used previously to describe the GPN role (Australian Medicare Local Alliance, 2012; Halcomb et al., 2008; Halcomb et al., 2014b), this does not necessarily capture the broad range of activities that GPNs engage in within their work. Aspects such as collaboration with other health professionals, communication with consumers and others and administrative tasks remain largely invisible in this metric. Future research should consider ways in which the nursing role is evaluated, with a particular emphasis on its impact on health outcomes.

An important aspect of our study was to document how the GPN role has developed to address the increasing problem of chronic disease in primary health care settings. The significant increases in using the recall and reminder system, liaising with local health services, and assessing SNAP risk factors, evidence the greater role being played by

nurses in managing chronic disease and lifestyle risk. It has been well established that the ongoing relationships between GPNs and patients place them in a key position to promote health and well-being and reduce lifestyle risk (Halcomb et al., 2004; Smolowitz et al., 2015). As nurses increasingly assume roles in this area, further research is required to develop the evidence base for the impact of nursing care on health outcomes (Ball et al., 2015).

Our study findings also revealed that participants would prefer to spend less time on administration and more time on health promotion and patient education. While there is growing evidence that GPNs can have a positive impact on patient outcomes with nurse-directed health promotion and education interventions (Halcomb et al., in press; Halcomb et al., 2007), much of the research in this area has focussed on nurse practitioners rather than baccalaureate prepared nurses (Ball et al., 2015). Further rigorous research could provide important evidence to support policy and funding changes that could shift the GPN role to spend more time on health promotion and patient education activities.

Many participants in this study reported that often they feel that they could do more, or often don't use their skills to the full extent. As the literature identifies that nurses who practise to the full extent of their knowledge and skills have significantly higher levels of job satisfaction and, subsequently, retention (Halcomb, Smyth, et al., 2018), supporting nurses to practise to their full scope remains an important goal in general practice. Halcomb et al. (2008) suggested that the development of the GPN role could only take place within the context of improved funding models, a clearly defined scope of practice and other interprofessional issues. Our findings suggest that a decade later, despite the introduction of new funding models to encourage innovation in models of care, and revised definitions of scope of practice, the GPNs full scope of practice is still not being employed. As the health needs of the community change and the multi-disciplinary primary health care workforce develops, it is crucial that the roles of health professionals are reconceptualised

to meet consumer demand (Smolowitz et al., 2015). It is only through this process that optimal outcomes will be achieved for both the workforce and the community whom they serve.

A key finding of this study was that only slightly more than half of the participants had actually spoken with their employing general practitioners about extending their clinical practice. This lack of discussion about roles and scope of practice within the primary care team has been previously reported (Halcomb, Ashley, et al., 2018; McInnes et al., 2017). It highlights the importance of developing and implementing capacity building strategies to enhance GPNs' confidence in their professional status and promote proactive negotiation about roles and working conditions (Australian Nursing and Midwifery Federation., 2014).

6. CONCLUSIONS AND RELEVANCE TO CLINICAL PRACTICE

Within Australia and internationally, there has been ongoing interest in the roles of general practice nurses. Whilst this study evidences the shift in the primary care nursing role to increasingly undertake activities related to health promotion and chronic disease management, nurses working in general practice remain underutilised. Having nurses practicing to the extent of their knowledge and skills has the potential to not only optimise job satisfaction and nurse retention, but also improve patient health outcomes.

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